

Name:	Department
Name:(PLEASE PRINT)	
STATE OF TENNESSEE ETHICS POLICY RECEIPT STATEMENT	
(To be completed by employe	ees covered by Executive Order #3)
#3, concerning ethics, conflicts of inte	eived and read a copy of Executive Order erest, and acceptance of gifts on the part of
	e to abide by the terms of Executive Order with the State of Tennessee. I will direct
,	utive Order #3 or any other work-related
ethical issues to my department comp	oliance director.
Signature	Department

Date